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ABSTRACT

Problems facing bilingual preschoolers with handicaps are addressed and 18 model programs are identified through brief summaries. Programs represent home based as well as center based approaches, English as a Second Language models, and both mainstreamed and special class settings. Program summaries obtained through written questionnaires and telephone interviews focus on eight topics: site setting and funding: number, types, and ages of handicapped children served: identification and selection procedures: staffing: parent involvement: program focus: instructional language: and major problems encountered. Among conclusions cited are that community support is important, parents must be involved, and language is a sensitive issue. (CL)

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MODEL PRESCHOOL PROGRAMS FOR HANDICAPPED BILINGUAL CHILDREN

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MODEL PRESCHOOL PROGRAMS FOR HANDICAPPED BILINGUAL CHILDREN

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When children are six years of age or older, the responsibility for educational programming is reasonably clear--it rests with public schools. For younger children, the responsibility is less clearly defined. A variety of agencies as well as professions undertake this responsibility. At the federal level, several agencies within the Office of Health, Education, and Welfare, support programs and services for preschoolers and families. At the local level, this is reflected through direct services provided by public Day Care and Head Start programs as well as by public school programs. Professionals in these programs include specialists in Early Childhood, Bilingual Education and Special Education, as well as Social Welfare professionals.

The preschool aged, handicapped, bilingual child represents a subset of the children served by the various agencies and professions. Public child care programs, such as those supported by Title XX and Head Start funding, provide services for preschoolers, some of whom are bilingual and some of whom are also handicapped. Public school special education programs often serve handicapped preschoolers, some of whom are bilingual. Often, these programs are supported by or initiated

*For ease of reading "bilingual" refers to speakers who are non-English speaking (NES), limited English speaking (LES), or bilingual.

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with funding from the Bureau of Education for the Handicapped (BEH). to meet the needs of the preschool handicapped child, BEH has funded a number of First Chance projects: service and demonstration programs usually funded for an initial three year period which may be followed by an Outreach period. Some of the handicapped children in these programs are also bilingual. Implementing P.L. 94-142, Education for All Handicapped Children's Act, many public schools are increasing their program and services. However, in several states public school programming for preschool handicapped children remains permissive, not mandatory. As illustrated by following programs which were surveyed, responsibility for the young bilingual child who is also handicapped does not rest exclusively with the public schools.

Identifying language dominance, and assessing intelligence, achievement, or other types of testing are primary issues of concern to those who work with school age bilingual populations. These issues are even more potent when applied to the younger child. Assessment is a difficult and controversial issue for all young children, and becomes even more complex when the factors of culture and native language must be considered. As is evident in the reviewed programs, a variety of assessment approaches are used in programs for preschoolers.

A distinction should be made here between "Bilingual" programs and "English as a Second Language" programs. Since the passage of Title VII of ESEA, commonly referred to as the Bilingual Education Act, the trend has been toward the use of the child's native language as a medium of instruction. Often all programs using this approach are erroneously called "Bilingual" programs. A true "Bilingual" program is one which emphasis is placed

upon increasing the child's proficiency in the first language and using this language for instructional purposes, as well as instructing the child in the development of English language skills. More often programs are actually transfer or transitional programs, focusing on teaching English and using the child's first language as a means of communication only until mastery of English is sufficient for future academic progress. These transitional programs are more accurately referred to as English as a Second Language (ESL) Programs: In a Bilingual Program, ESL is an instructional component of the total curriculum but equal emphasis is placed upon development of basic knowledge in the child's first language.

For the preschool handicapped child this approach is particularly important. In an ESL program, where the emphasis is on learning English, children may fall behind in learning basic information or concepts because there is not instruction in their first language. On the other hand, because many handicapped children have difficulty in understanding what they hear and in speaking either language, the question arises as to whether they should be required to learn two languages, or in some cases, three languages. For example, should a child with a severe hearing impairment learn Spanish, English, and signing? The question of instructional language is an unresolved issue which hopefully will be addressed through future research.

The needs of non-English speaking preschoolers who are also handicapped have received limited attention. Thus, very little written information

is available. Traditional approaches of reviewing the literature, including computer searches, were of little assistance in preparing this chapter. Even programs which currently are in operation, have produced few articles. Funding is often so tenuous, program directors focus on seeking funds for continuing their programs rather than preparing journal articles or resource documents for information retrieval centers such as ERIC.

PROGRAM DESCRIPTIONS

In order to identify model programs for the bilingual handicapped, a review of the literature was conducted, including a computer search. The results were minimal as explained earlier. The Bureau of Education for the Handicapped (BEH) provided a list of all First Chance projects which assist bilingual children. Resource Access Projects (RAPs) supported by the Administration for Children, Youth, and Families (ACYF) also supplied information on Head Start Programs which serve the target group. The remaining programs were identified by personal knowledge of the author.

Several types of programs serving the bilingual, NES or LES, handicapped preschooler appear in the following sections, including both home-based and center- or classroom-based programs. Few special education programs for handicapped children are limited to bilingual or non-English speakers, although only programs which have at least one-third enrollment of bilingual children are included. Many Head Start and Day Care programs provide services for bilingual preschoolers, including some who are also handicapped. However, only those programs which have clearly identifiable services for the handicapped bilingual are described.

Before specific programs are described in detail, it might be interesting to examine some of their differences and similarities. All persons interviewed stated that their programs focused on the specific needs of the individual child, and although the precise wording or title varies, individualized plans are usually developed for each child. In most programs instruction focuses on the

development of basic skills such as self-help and language, rather than on academic instruction. Parents are involved in all of the programs, although the extent of involvement varies. The importance of parents is definitely recognized and in many cases the desire for increased parental involvement was stated. There was also consensus regarding problems encountered in establishing local programs. These problems are described in a later section of this chapter.

Programs vary on several dimensions, but the differences are often a matter of degree. Several programs, particularly those serving children under the age of three, are home-based rather than center-based. In the home-based programs training or instruction is usually directed toward parents rather than children. However, some of the center-based programs also instruct parents on ways of working with their children. Paraprofessionals or teacher aides play an important role in all programs, but the extent of direct responsibility varies. In home-based programs the paraprofessional often serves as the home-instructor or visitor for the child and family and has direct instructional responsibility. In public school-based programs the paraprofessional usually assists the teacher, has little direct instructional responsibility, and less contact with parents. In several programs the paraprofessional is the only bilingual staff person, however in a few programs all staff are bilingual. The extent to which child-instruction focuses on development of the child's primary language varies. Some programs include child-instruction in both languages, while others are ESL programs, using the home language to develop English language skills. There are major differences in the number and type of on-staff specialized personnel (speech therapists, physical therapists,

special education teachers, etc.). In turn, the use of local resources varies. Programs with few on-staff specialists utilize community resources to a greater extent.

The most obvious differences among programs relate to the target group of children served. Programs funded specifically to serve handicapped children, usually First Chance Projects supported by Bureau of Education for the Handicapped (BEH), do not include non-handicapped children. In contrast, programs funded by the Administration of Children, Youth and Families, including those under Head Start and those under the Indian and Migrant Program Development (IMPD) include a limited number of handicapped children within a larger group of non-handicapped children. A unique feature of the programs supported by IMPD is the approach to serving children of migrant workers throughout the year, as described in the following section.

These differences and similarities reflect underlying philosophies or approaches to working with bilingual handicapped children and to meeting local needs. Also reflected are very practical aspects such as funding. More money means more staff, more specialists, and the ability to provide family assistance as well as direct child-instruction.

The following program summaries were obtained through written questionnaires and telephone interviews, usually with the program director. To obtain information about model programs for handicapped bilingual children, more than 250 letters were written and more than fifty telephone calls were made. In addition, around a dozen personal interviews were conducted. Questions asked were related to the following topics: (1) site setting and funding,(2) number, types and ages of handicapped children served,(3) identification and selection procedures, (4) staffing,(5) parent involvement,(6) program focus,(7) instructional language,(8) and major problems encountered.

It was not possible to include all of the information provided; however, the summaries were reviewed and verified by the persons interviewed. The name, address and telephone number (when known) of these persons follows the program title. More detailed information about a specific program may be obtained through direct contact. Their effort and time in providing information is deeply appreciated and will surely help others in establishing similar programs.

INFANT/PARENT EDUCATION PROGRAM

DREW STATE PRESCHOOL PROGRAM

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Handicapped children from birth through five years are served through a combination of the Infant/Parent Education Program, the Drew State Preschool Program and the Los Angeles County Schools Program. These programs are located on or near the campus area of the Martin Luther King Hospital in the Watts Community of Los Angeles.

The Infant/Parent Education Program was initiated in 1977 under a BEH First Chance grant. An average of twenty-seven children from birth to 18 months, many of whom are multi-handicapped, are served by a Program Coordinator, a Teacher, a Parent Worker, an Occupational Therapist, and a Community Health Worker who is bilingual. Approximately half of the children are Mexican American, and of this group 90 percent of the parents are Spanish-speakers, recent immigrants from Mexico. The Community Health Worker works with these parents and acts as a translator. Referrals are mainly from the Special Care Nursery of the Martin Luther King Hospital and from physicians and other area hospitals. As the children reach 6 to 9 months a center-based, one day a week, program is initiated. The parents meet with the Parent Counselor, and the children are engaged in socializing activities. Home-instruction with the parent and child is conducted once or twice each week for approximately one hour.

The Los Angeles County Schools program serves approximately thirty-two children from 18 months through three years, including children referred from the Infant/Parent Education Program. Approximately one-third of the children are from Spanish-speaking homes, and the children are orthopedically handicapped and other health-impaired. Four teachers and four Aides, an

Occupational Therapist, and a Psychologist work in this experimental program which is funded by the state. Instruction is primarily in English, and two staff members are bilingual. Center based classes meet daily for four hours. Home visits are conducted periodically as needed.

The Drew State Preschool Program serves thirty-two 3 to 5-year-old children, fifteen of whom are handicapped. Of the total group, approximately 25 percent are Mexican American and one-half of these are from monolingual Spanish-speaking homes. In this integrated program funded by the state, two Teachers and two Aides are assisted by a language consultant and a parent-counselor. Center-based classes are conducted for 3-½ hours each day, and a hot lunch is served. Handicapped children are transported to the center. Non-handicapped children are from the immediate area. The instructional program is similar to many Head Start programs, focusing on development of motor, language, and self-help skills. For Spanish-speakers, instruction focuses on developing English language skills, and the children are assisted by a bilingual aide. One of the greatest strengths of this integrated program is the learning which occurs among children when the handicapped and non-handicapped are placed together.

In the Infant/Parent Education Program the parents are immediately involved in completing the Denver Developmental Screening Inventory (Frankenburg and Dodds, 1970). Other assessment tools include the Michigan Early Intervention Developmental Profile (Schafer and Moersch, 197) and Bromwich Scale (Northridge, Ca., unpublished) which are adapted and combined with medical information for development of Individual Educational Programming. Case conferencing is an extremely important aspect of the programs, with staffings occurring every two to four weeks. Staffings include medical and school personnel as well as parents and have resulted in greater understanding not

only of the child's problem by the parents but also the professionals' understanding of families.

One of the major problems is the extreme poverty of the families in this geographic area. Parents are often overwhelmed by lack of basic necessities, overcrowding, health problems and other poverty-related problems. Often more than one child in the family has a handicapping condition. The enormity of the problem was underestimated and increased emphasis has been placed on helping parents learn how to cope with the system in matters such as obtaining food stamps, SSI, WIC, health services, or dealing with the schools. Another problem area in program initiation was getting staff to work together across disciplines. A continued focus on serving the child in the best manner possible has helped to overcome professional differences and territorial problems.

HANDICAPPED EARLY CHILDHOOD ASSISTANCE PROGRAM

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(512/546-3161)

This project serves approximately forty handicapped Mexican Americans under the age of three years. Of the forty, 80 percent are monolingual Spanish speakers, and Spanish is the dominant language for the remainder. Primary funding is through a First Chance grant from Bureau of Education for the Handicapped, with other support coming from the Cammeron-Willaby Community Project, a Community Action Agency.

The Project Director, an Educational Diagnostician, and four Resource Teacher Aides serve the children in a home-based program with consultant assistance from Pan American University, Brownsville, Texas. Staff Development is provided through enrollment in child development courses at Pan American, training from community Mental Health and Mental Retardation personnel and local physicians, and from the Teaching Resource Center in Eugene, Oregon. A primary concern of the director is that all lesson plans and plans for parent involvement be relevant to the language and culture of the families in this area, many of whom only recently arrived from Mexico.

The Spanish-speaking Aides work with the child and family for periods of one to two hours each week. Instruction focuses on the development of Motor, Language and Self-Help skills, following a prescriptive plan prepared by the project Educational Diagnostician. On a quarterly basis, the Educational Diagnostician evaluates each child using the Denver Development Screening Test (Frankenburg and Dodds. 1970) and the Koontz Child Development Scale. which are combined with the results of progress in attaining objectives. of the Individualized Prescriptive Plan. Because the project was initiated in the summer of 1977, no written reports or materials are yet available.

LORI ANN INFANT CENTER

Anne Benninghoven, Coordinator, 651 B Street, Fresno, California 93706

An average of forty children under three years of age, with identified developmental delay or at risk (prenatal or birth trauma), are served in the Lori Ann Center. Begun in 1972 by a small group of parents, financial assistance has been provided from a variety of private and public sources. Today the greatly expanded program is supported by state special education funds.

The Lori Ann Center serves Black, Anglo, and Mexican-American children through a Home Program and a Center Program, utilizing a multidisciplinary team. Staffing includes a Psychologist/Coordinator, Speech Therapist, Pediatric Therapist, Nurse, a Special Education Teacher, and four Aides, one of whom is bilingual.

Referrals are received from private physicians, social workers, public health nurses, and the Central Valley Regional Center which also provides consultative assistance. After referral, an Educational Assessment Service meeting is held to determine areas of developmental delay or if a child is significantly at risk for marked developmental delay. Individual plans are subsequently developed.

In the Center Program, serving children from 18 months through three years, a structured preschool program is followed which includes individualized and/or group intervention in gross and fine motor development, self-help skills, language stimulation, socialization, music and art activities. Instruction is primarily in English with assistance provided by the bilingual Aide as needed. Speech Therapy and Physical Therapy are scheduled individually or in small groups for appropriate children. Weekly staffings, periodic progress review, and developmental charting provide on-going evaluation of each child.

In the Home Program, children under eighteen months of age are served through weekly home visits. The Home Visitor monitors the infant's developmental progress, assesses the family's needs for services, and demonstrates intervention activities parents can use in working with their child.

Parent involvement is an integral part of both the Home and Center Programs. Monthly parent meetings which are social as well as educational are held, and parents of Center Program children are asked to visit and observe in the classroom whenever possible. Parents participate as classroom volunteers, assisting individual teachers in a variety of ways. Parents are also provided the opportunity for program input through yearly evaluations of program activities and suggestions for change.

Although formal follow-up studies have not been conducted, yearly reports are made to the California State Department of Education regarding child change and referral to other public and private preschool programs. In general, children leaving the program have been placed in classes for the physically handicapped, trainable mentally retarded, visually handicapped or the Development Center for Children with Multiple Handicaps.

SUNSHINE COTTAGE/TRINITY UNIVERSITY PARENT/INFANT PROGRAM

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San Antonio, Texas 78284
Helen Golf, M.ED., Sunshine Cottage, 103 Tuleta Drive,
San Antonio, Texas 78212

Mexican-American children under the age of three years are served in the Sunshine Cottage/Trinity University Parent/Infant Program, located on the campus of Sunshine Cottage School for Deaf Children. All of the children are hearing impaired, and many have more than one type of handicapping condition.

Started in 1974 with combined support from the Bureau of Education for the Handicapped, Trinity University and the Sunshine Cottage School for Deaf Children, an average of seventeen children are served by a Teacher/Counselor, an audiologist, and six graduate students from Trinity University.

Children and their parents attend the home demonstration center for one hour each week, and a member of the project staff works with the parent and child in the home for approximately one to one and one-half hours each week. The teacher and graduate students are bilingual, and instruction is in the child's home language. At age three, children move into preschool classes for the hearing impaired or into a regular preschool program.

INFANT-PARENT TRAINING PROGRAM

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Approximately 100 handicapped children under age three are served in this program throughout the year. Of this group, approximately 35% are Mexican American, nearly all of whom are from bilingual homes. Referrals are primarily from Public Health Agencies (70 percent of the families are below the poverty level) and private physicians; Mental Health/Mental Retardation (MHMR) centers and parents also provide referrals. Initiated in the early 1970's as a BEH First Chance project, the Infant-Parent Center is now supported by MHMR and local funding. The program has become known and accepted in the area and benefits from community support.

Staffing includes the Director, a Curriculum Specialist, a Parent Coordinator, a Classroom Supervisor, six Teachers, eight full and part-time Aides, a Physical Therapist, a Corrective Therapist, and a Nurse. The project staff is assisted by an average of five volunteers each week. The Director is also a Speech Therapist and additional speech therapy is obtained through the University of Texas Speech and Hearing Clinic. Additional consultant help is obtained as needed through the University of Texas and other community agencies. Many of the aides and parent volunteers are bilingual, although this is not a major problem since only one family currently is non-English speaking.

Half of the children are served in morning or afternoon classroom programs of three hours; and the remainder, primarily children under twelve months of age, are served through home visits of one or two hours each week. Since more mothers have entered the work force, providing child care services as well as

instructional programs has become an increasing problem. Therefore, working mothers are given priority, and sixteen openings are reserved from 7:30 to 5:30 each day for serving children of working parents.

Parents participate through the Parent Advisory Board, monthly parent group meetings, and assisting in the classroom on an individual basis. Parent counseling is also an integral part of the program, and families are helped to obtain other necessary assistance.

Instructional planning is individualized, based on staffing recommendations and Individual Plans. At age three, most of the children enter the public school classes for severe and profoundly handicapped children or Early Childhood classes for the handicapped, although some of the children are able to enter a regular nursery school program.

Transportation has been a major problem, as the Infant/Parent Center serves primarily a poverty-level population. Because the children served are so very young, they tire easily, and the length of instruction time is limited. Written reports of this program were completed as a part of First Chance reporting and are available through the ERIC System: (ED 132 818; EC 092 709). A number of products have been completed including: Parents and Children, Activities and Environments for Infants and Toddlers, by Drezek and Harmon Developmental Roles and Anchor Goals in Infant Education, Drezek are available through The Infant Parent Training Program.

BIRTH THROUGH TWO FOR THE VISUALLY HANDICAPPED

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(915/778-7044)

Children under the age of three years with visual impairments are served in this experimental program of the Region XIX Education Service Center in El Paso. An average of eleven children (many of whom are multiply handicapped) and their parents are served in this combined home and center-based program. Nearly all the children are from Spanish-speaking homes, and all the project staff are bilingual. In addition to the Project Director, staffing includes a Teacher and a part-time Aide assisted by six practicum students from the University of Texas at El Paso. Most of the children were premature babies, referred by the Obstetrician or Pediatrician.

Located in a cottage setting in a residential area, children and their parents benefit from learning together in living room, bedroom and kitchen "classrooms" during the twice-a-week center-based periods of 45 minutes. During this time closed circuit television is used for observation and micro-teaching with parents. Parents also assist the teachers in classroom activities. In addition, project staff work with the parent and child on a weekly basis in the child's home. Instruction focuses on the development of Motor, Self-Help, Language, and Cognitive skills, with major emphasis placed on mobility training. Spanish is the primary instructional language since many of the parents are monolingual Spanish speakers.

Monthly group meetings of the Mothers Club are led by parents, with project staff acting as facilitators. Other professional staff from the Education Service Center, faculty from the University, and local medical personnel assist in providing programs and information. Community support is excellent and the program rapidly achieved visibility because of a previous

First Chance project for older preschoolers (see El Paso Public School program description). One of the major problems in starting this program was the lack of teachers trained in working with the visually handicapped. Staff development, including visits to other centers and extension courses on the visually impaired conducted by Texas Tech University has resulted in certification of several teachers who now work in the public schools as well as in this program. Funding for this project is through a Texas Education Agency grant serving the visually impaired, and it is anticipated that the program will expand into the public schools. When children reach age three, they transfer into existing preschool programs for the handicapped in their local school district.

EL PASO EARLY CHILDHOOD EDUCATION PROGRAMS

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(915/779-5481)

Of the 250 three- to five-year-old preschool handicapped children served by the El Paso Independent School District, approximately half are Spanish-speakers. The first class for preschool handicapped children was started by Region XIX Education Service Center under a BEH First Chance grant in 1970. This program was operated for six years by the Service Center staff. In fall, 1976, El Paso I.S.D. incorporated the model into the public schools, and by the fall of 1978, twenty-eight half-day classes were in operation. Most classes serve all types of handcapped children, but a few handicapped-specific classes are provided for the visually impaired, the emotionally disturbed, and the orthopedically handicapped. In addition, a regional day school for the deaf serves the severely hearing-impaired child. Mexican-American children are integrated into the early childhood classes for the handicapped in which either the aide or the teacher is a Spanish speaker.

Referrals are received from the local Child Find, physicians, the Mental Health/Mental Retardation Center and the army base physicians, as well as from parents and educators. Information from medical, psychological, social, and speech and language evaluations is synthesized in Admittance, Review, and Dismissal (ARD) meetings with parents to determine the most effective services or placement for the child. Many of the district's Speech Therapists are bilingual, and thus speech and language evaluation in both languages is facilitated. Many of the children have delayed language in Spanish as well as English, and some are simply non-verbal children. A critical feature of these ARD meetings is parental input regarding the classroom language of instruction for their child. Parents are actively

involved in plans for their children, beginning with an initial home-interview before assessment of ARD review. A Parent Advisory Board meets six times a year, and a Special Education Counselor works with individual parents.

When English is not spoken in the home, Spanish is used in the classroom. If both languages are used in the home, classroom instruction is in both languages with a gradual transition to English as the child prepares to enter first grade. Bilingual classes are offered through the third grade in El Paso, so children have the opportunity to develop and expand their skills in Spanish as well as in English. Classroom instruction focuses on the development of Self-Help, Social, and Language skills, with individualized plans developed for each child. The Primary Acquisition of Language (PAL), Oral Language Dominance Measure, K-3, (Austin, Texas, 1975) is administered in both languages, English and Spanish, in order to determine oral language proficiency.

Through the years, community cooperation and support has increased and cooperation with the medical community is considered excellent. Overall parent participation is not as great as it was in the beginning, however. When initiated as a First Chance project, parents were required to participate at least two and one-half hours each week, a requirement which could not be maintained after the program became a part of the public school system. Child progress was more rapid and there was more carryover to the home when parents were actually involved in the program.

COMPREHENSIVE INFANT INTERVENTION PROGRAM

Isaura D. Barrera, Project Director, Project C.I.I.P., Cardenas Center, 3300 Ruiz Street, San Antonio, Texas 78228

The Comprehensive Infant Intervention Program (Project C.I.I.P.) is administered by the Edgewood Independent School District in San Antonio under a grant from the Bureau of Education for the Handicapped. Children are served from birth until eligible for public school Early Childhood Programs for the Handicapped, usually at age three. Initiated in 1976, the number of children served ranges from twenty to thirty-five, with an average enrollment of twenty-eight. Depending on the specific needs of the individual child the following program options are available:

(1) Full-time Center-based (2 hours daily program)

(2) Part Time Center-based (1-3 days per week, 2 hours a day)

(3) Full Time Home Based (1-2 times a week for 1-2 hours)

(4) Home Resource Program (1-3 monthly visits plus periodic Center visits).

Staffing includes the project director, three teachers, two aides, and an Occupational Therapist, all of whom are bilingual. One teacher is also a speech therapist and another is a physical therapist; therefore these services are available on an on-going basis. All types of handicapping conditions are included and many children are multiply-handicapped.

English, Spanish, and Total Communication are used for instructional purposes. The children are taught in the language to which they are most responsive and in which the greatest progress can be made. A second language is introduced as appropriate based on (1) the child's ability to handle two languages, (2) the parents' preference, and (3) potential placement as an adult.

After identification through individual referral or the district screening program, children enter into a two-week assessment planning period managed by the teacher and including parents, therapists, and other professionals

as needed. An individual plan or curriculum is generated from the Developmental Assessment System developed by C.I.I.P. The program utilizes a combination of structured teaching and spontaneous activities to develop Language skills, Motor skills, Perceptual-Cognitive skills, and Socialization.

Parents are actively involved in all aspects of the program, including assisting in the classroom and monthly parent meetings. A parent coordinator works with individual parents and assists in securing other services as needed.

INFANT-FAMILY PROJECT

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CSULA-AZTECA HEAD START EARLY CHILDHOOD TRAINING PROJECT

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Two separate programs serve young handicapped children on the California State University campus at Los Angeles (CSULA). The Infant Family Project, which serves handicapped children under three years, was originally funded as a BEH First Chance project and is now supported by Developmental Services. The CSULA-Azteca Head Start Training Project, which serves both handicapped and non-handicapped children from age eighteen months through 36 months, is funded as a demonstration project through Region IX Administration for Children, Youth and Families in conjunction with the local Azteca Head Start Agency. The directors of both programs are in the Department of Special Education, drawing upon many of the same resources and integrating information between the two programs.

In the Infant-Family Project, a combination home- and center-based program, approximately half of the thirty-two handicapped children have multiple problems. Nearly all (90%) of the enrolled children are from Spanish-speaking families. One head Teacher and three Aides, plus an Occupational/Physical Therapist and the Project Director work with the children and parents. Also, a Home-School Coordinator works primarily with families and acts as liaison between home and school. Additional assistance is provided by University practicum students majoring in Special Education and other fields such as rehabilitation, counseling, social work and child development.

Children are referred from the California Regional Centers for Development Disabilities and from physicians and hospitals in the area. The Regional Center acts as a child's case manager, providing initial diagnosis from the referring hospital and follow-up screening. The project staff, with consultant assistance from the Department of Special Education, also provides on-going educational and psychological assessments.

Two classrooms of from twelve to fifteen children meet four mornings a week, from 9:30 until noon. The instructional approach is eclectic and individualized for each child. Various BEH curriculum guides and materials from other programs such as the LAP (Sanford, 1976) and the Michigan Early Childhood Assessment (Schafer and Moersch, 197) are used or adapted. Most of the project staff are bilingual, and child and parent instruction is in both languages. In addition to children in center classes, several infants (under the age of 12 months) and their parents are seen at home once a week and for a one-hour period each week in the center. During the center-based session, parents and babies meet as a total group for socializing and learning about the program and about home stimulation. They also observe staff working with the children. In addition to this special parent group, all parents are encouraged to participate in the school program, which includes a weekly parent education meeting.

Parents are a major focus. The goals of the project include helping them to become more self-confident as individuals, more competent as parents, and better able to find and use resources in the community. The Home-School Coordinator is a crucial person in this endeavor. She has been hired from the local community, and

her primary concern is that of working with the parents in understanding their rights, explaining the goals of the center, and acting as a liaison and parent advocate. A unique feature is the availability of the Home-School Coordinator on a 24-hour basis in order to meet family needs whenever they may arise.

Employing staff from the local community has been one of the features strengthening this program. Each staff person is very carefully selected on the basis of previous experience in working with young children and sensitivity to the cultural needs of the population served. Staff training in child development and special education is provided, and staff members often pursue college coursework.

The CSULA-Azteca program has a dual focus of providing direct services to handicapped and non-handicapped children as well as training Head Start personnel. The center-based program serves approximately thirty children from 18 through 26 months of age. Forty percent of the children are handicapped, and all but two are from Mexican-American families. About half of these families are Spanish-speaking. Staffing includes the Project Director, a Special Education Teacher, and four Head Start Teachers. They are assisted by CETA trainees and graduate students. Nearly all of the staff are bilingual, and instruction is in Spanish and English.

The handicapped children are identified and referred by Regional Centers, local clinics and hospitals, and by Head Start staff. They are transported to the center for afternoon or morning classes. At least one home visit is conducted each month for all children, with additional home visits scheduled for handicapped children as needed.

The program is carefully structured and planned, utilizing a learning center approach adapted for younger children. It is a child-oriented program designed for open exploration and child development. Individual therapy is conducted in the classroom, as needed. In addition to being involved in parent meetings, parents observe their children in the classroom, assist in the classroom, and participate in individually-designed training activities.

Training for thirteen Head Start delegate agencies, serving over 250 Head Start classrooms and support personnel is also a part of this program. Classes are conducted on campus for college credit which may also be associated with earning the Child Development Associate credential. One of the most successful aspects of this project has been the integration of handicapped and non-handicapped children. The handicapped children have gained through the social interaction, language and behavior modeling of the non-handicapped children; and the non-handicapped children have gained from learning to socialize and accept individual differences. Parents also have benefited from this integrated approach because it has helped them to focus on the positive ways in which children interact and develop. The Project Director, backed by many years of experience in self-contained classrooms for young handicapped children as well as this "mainstreamed" setting, emphatically feels that the integrated classroom is an appropriate, optimistic and least restrictive alternative for many young handicapped children and their families.

Careful study, understanding, and sensitivity to the many variables of the local community (social, religious, political, economic, and family relations) is stressed. Many parents in this

area are in awe or fearful of authority figures, and are reluctant to express their needs and concerns. Employment of staff from the community has been a critical factor in alleviating this problem.

NAVAJO SPECIAL EDUCATION EARLY CHILDHOOD DEVELOPMENT PROGRAM

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Thirty-two young Navajo children from birth through eight years of age with multiple handicapping conditions are served in this BEH First Chance project which is administered by the Navajo Tribe. Children are referred to the program from the Maternal/Child Health Clinic, the local Bureau of Indian Affairs Social Services, the Navajo Tribal Social Services, and individuals within the community. Individual assessment and evaluation is conducted by the program's special education Teachers and its Physical Therapist, and by local Pediatricians and consultants. Individual Educational programs are written/revised bi-annually (September/January).

The instructional program has two components: a Center-based program for children who live no more than a one-hour round trip from school and a Home-based program for children who are too young to attend school or who live too far away. The Center-based program consists of an Infant Section (children with a developmental age of less than two years old) and Toddler Section (children with a developmental age of at least two years old and/or independent ambulatory skills). The children are bused daily to the center. In the Home-based program, instruction for parents and children occurs once or twice a week for a period of one and one-half to two hours depending on travel distance, weather, and road conditions. Instruction focuses on the development of fine and gross motor skills, social skills, language, self-help skills, and cognitive skills. Instructional language for the child is based primarily upon the parent's preference, which is usually Navajo and English. For 50 percent of the cases, the children's language development in Navajo is particularly important as they are living with monolingual parents and/or grandparents.

Staffing includes a Director, two Special Education Teachers, a part-time Physical Therapist, an Aide, and a part-time Parent Coordinator/Aide. All staff are bilingual, except the Physical Therapist. Speech Therapy is obtained on consultant basis. Through the local CETA and Foster Grandparent programs, five additional staff members were hired for food services, home-based programs and classroom assistance. It is difficult to find bilingual professionals in the area of special education and early childhood development on the Navajo Reservation. Six paraprofessionals are pursuing Child Development Associate certifications through a local branch of the Navajo Community College. Consultant assistance for further diagnosis have been through the University of New Mexico's Programs for Children. Interpreters had to be used in administering portions of the evaluations.

The Tooni Yazhi Parent Group meets monthly to discuss program activities and share individual needs and concerns. Two parents participate in the Navajo Nation Parent Advisory Group. Parents also participate and observe in workshops, in the center and in home-based programs. Other necessary services are coordinated for the parents and children. When a child becomes eligible for other local programs (Bureau of Indian Affairs boarding schools or public schools), the parents are given the option of placing their children into any of the existing programs, depending on availability of appropriate facilities and services.

EARLY STIMULATION PROGRAM (ESP)

Carmen Arroyo, Director, Parent Child Center, Box 8,
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The Early Stimulation Program of the Parent Child Center serves all types of handicapped children in a combination home- and center-based program. An average of sixteen children ranging in age from one month to four years, 95% of whom are Mexican-American are enrolled. The staff includes five teachers and five aides who also work as home instruction teachers, supplemented by approximately three volunteers per week. Staffing also includes a Speech and Hearing Therapist, a Physical Therapist, and a Psychologist. All of the staff are bilingual, and most of the instruction is in Spanish and English with emphasis placed on the particular cultural needs of the target population. After initial identification by physicians, parents, or others in the community, a Home Instruction Teacher works with the family and meets with the health component coordinator. Staffings are conducted which include the parents, teacher, Social Service representative, health component representative, and other appropriate professionals who meet to discuss the child's needs and develop a Handicap Individual Education Plan.

In the center-based program, which includes the non-handicapped as well as the handicapped, children are served in three classrooms of approximately eight children for three hours each day. Eight other children receive one to two hours of home instruction each week by the Home Teacher who works with the parent and child. Instruction on specific tasks or activities are designed to meet the specific needs of each child identified during the assessment process.

Parents are actively involved through participation in a Parent Advisory Board, assisting in parties, field trips, etc. on an individual basis, and

participation in monthly parent group meetings. An on-staff parent coordinator also works with individual parents as needed.

When possible children are placed in other nearby special education programs located in Zillah, Granger, and Outlook. Supported by funds from the local Elks Club, speech and hearing therapy is also provided at the Casa de Niños. The Early Stimulation Program is supported by HEW - ACYF funds.

INTEGRATED MODEL FOR HANDICAPPED EARLY CHILDHOOD DEVELOPMENT

Miriam Sour, Director, Community School District 9 of the City School District of New York City.

A total of 140 children, 20 percent of whom are handicapped, are enrolled in this program which is characterized by a high degree of parental involvement. Three and four-year-olds are the focus of this program, although a few five-year-olds who function at a younger level are also included. Children included represent the district's population, which is primarily Black and Hispanic. Thus, this program is integrated in terms of ethnicity and language as well as including handicapped and non-handicapped children. All the children live in economically depressed inner-city areas, and 90 percent are on Aid to Dependent Children.

Four classrooms, each served by a Teacher and an Aide, are located in two public schools which are situated in the eastern and western areas of the distrcit. A full-time Special Education Teacher and a Parent Program Assistant serve both sites. Also, a part-time staff consisting of a Speech Therapist, a Nurse and a Social Worker service both schools. In each site, there is a Parent Room with a full-time Family Assistant. In each school, there is a staff member who is bilingual, thus providing help for the non-English speaking child and/or his family.

In order to serve so many children with limited space and staff, the children do not attend school in the traditional five day per week schedule. Small groups (10 children) attend classes twice a week for two and one-half hours and larger groups (15 children) attend four times a week for two and one-half hours. The fifth day of each week is reserved for Parent-Child Workshops. The instructional program for children is individualized, based on a developmental model.

Services and learning opportunities for parents are a major focus. The Parent Room is open to entire families on a continuous basis. The Family Assistant helps parents in obtaining information about services: welfare, aid to dependent children, food stamps, health (clinic and hospital, housing, etc.). Also, parents are helped in learning how to utilize the available community agencies and about their legal rights. Younger children are welcome, educational materials are available, and in many cases, the Parent Room serves as a place for parents to simply get together for informal conversation. Through the weekly Parent-Child Workshops, instruction is provided in areas of interest to parents, including topics such as discipline, language development, motor development, or play. The child's transition from home to school is smoothed through individual home visits by project staff before the child enters the classroom.

Initiated under a BEH First Chance grant in the early 1970's, financial support for the program is now derived from state and local funds. Written information on the project is available from the project director and the chapter titled "Parent Involvement" in Early Education in Spanish Speaking Communities (Trohanis, 1978) details the parental involvement aspect of this program. In addition, a 16-mm film "Step by Step," available in English or Spanish, has been produced.

ARLINGTON CHILD DEVELOPMENT CENTER (ACDC)

Lillian E. Brown, Director, Arlington Community Action Program, Inc.,
2410 Columbia Pike, Arlington, Virginia 22204
(703/979-2400)

A Head Start program serving an average of 150 children between the ages of two and five years, the Arlington Child Development Center includes Black, Anglo, Vietnamese, Iranian, Cambodian, and Spanish speaking children. Approximately 10 percent of the enrolled children are also handicapped, primarily in the areas of hearing, visual or speech/language impairment.

Two of the nine aides and one of the nine teachers, as well as some of the volunteers who assist in the classroom, are bilingual. Diagnostic workups and specialized support or instruction are provided by other community agencies. This center-based program operates on an eight-hour daily basis with Spanish and English used for instructional purposes. Classrooms are organized into learning centers and a cognitively-oriented curriculum is followed. Daily plans are individualized according to the developmental level of each child.

Parents are involved through a Parent Advisory Committee, parent group meetings, and assisting in the classroom. An on-staff parent coordinator works with families in securing other needed services.

ADVANCING INDIVIDUAL DEVELOPMENT (AID)

Cornelia Hanna, Project Director, San Felipe-Del Rio Consolidated
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(512/775-9561)

Flexibility in scheduling of classroom or home instruction to meet the specific needs of each child and family characterizes this program which serves approximately 34 children with all types of handicapping conditions. Of the total group, 65 percent are Mexican-American and many are monolingual Spanish speakers.

The unique arrangement of regular preschool classes, bilingual classes, and special education classes in the same building permits various alternatives for serving the handicapped child in classroom programs. In this school district, all kindergarten and pre-kindergarten children are bused to one of six campuses. One campus includes 10 kindergarten classes for non-handicapped monolingual and bilingual children and two self-contained classes for preschool handicapped children, one serving the severely involved child and the other serving the moderately involved child, and one resource room for the handicapped children who are mainstreamed. With this arrangement, plus the availability of a resource room teacher, it is possible to include some handicapped children within regular preschool classes for varying amounts of time. In addition, there is a home-based program for the very young or very severely involved child.

The overall goal of the program is to maximize the probability that the child will be able to function successfully in the regular school program by the time s/he enters first grade, or sooner. For some handicapped children, this means a home-based program before age three until they can move into the classroom program. Others start in the three-year-old special program and

spend a part of the day in the regular bilingual program by the time they are four years old.

The language used for individual testing of the children is based on the results of the Del Rio Language Screening (Toronto, 1975), a project-developed instrument. All home-school communication is in English and Spanish. Project staff includes the Project Director, an Educational Diagnostician, Counselor, Speech and Language Specialist, Helping Teacher, Diagnostic Teacher and one Teacher and Aide per classroom. In addition, parents and community volunteers as well as high school students from child development courses assist in the classrooms. Most teachers and aides in the special education classes are bilingual and the language of instruction depends on the needs of the child.

Individualization in the AID Program is achieved through scheduling, grouping and planning within a highly structured instructional setting. The curriculum areas include Self Help, Socialization, Motor, Communication, and Academic. An individual educational plan, based on pre-testing and Admittance, Review, and Dismissal (ARD) committee input, is written for each child and revised every three months. Based on this plan, the child is grouped with others who have similar instructional needs.

Flexibility also describes the teaching staff and their hours. Although classes officially run from 9:30 to 1:30, when the need exists, some teachers begin working with small groups of children at 8:30, and other children may remain until 2:30 for additional assistance. Home-based instruction is also the responsibility of the teachers and usually occurs after 2:30.

Flexibility and dedication were cited by the project director as the primary features which have made this program successful. Started under a

First Chance Grant from BEH in 1973. The project is presently provided Outreach funded through BEH-EHA-TVIB, state and local funds.

Written materials developed as a part of this project include the Del Rio Language Screening Test; Things That work for Us; a Handbook of Instructional Methods and Techniques for Young Children; and First Chance-Outreach. Copies of these materials or information on availability may be obtained from the Project Director.

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PROJECT FIRST CHANCE

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Initiated as a First Chance project with funds from BEH, this tri-ethnic project serves Mexican-American, Papago and Anglo children. Twenty-one handicapped children from age three through five attend this combined center and home-based program. Nearly all are from Spanish-speaking homes (Spanish is also spoken by many of the Papago children), although English is also understood. The project staff includes two Master Teachers, six aides (called "co-teachers"), a Home Teacher and a Parent-Community Worker. The Parent-Community Worker and one Co-Teacher are bilingual and assist the Spanish-speaking children. Spanish is used informally rather than for direct instruction. Total communication is also used for several of the children who are non-verbal.

The center-based program follows a Behavioral-Cognitive-Developmental Model in which a combination of group programming and individual programming includes data monitoring of children. Instruction focuses on the areas of Body Management, Self-Help, Communication, Pre-Academic, and Social-Emotional skills. Home plans and materials are prepared for each child by the Home-Teacher who also visits each home at least once a week and more frequently when needed.

One of the unique features of this program is the development of materials which are now being used in their Outreach programs and are available on a limited basis. These materials constitute a totally integrated program and include a number of components such as Administrative and Procedural manuals; the ABACUS, an assessment device; a detailed IEP process which ties into the

ABACUS; and a Daily Systematic Data Monitoring System for each child. Packages for each curriculum area have also been developed which focus on very practical instructional areas such as "Everyday Mechanical Know How" or "Self-Help", and "Communication." Staff training materials include audio visuals, videotapes, and a slide/tape overview of the program. Home Training Packages have also been developed and include a data check sheet to be returned to the teacher. All of these materials are combined into an orchestrated system to assist administrators, teachers, and parents in working with the handicapped child. A catalog of all developed products is available upon request from the Project Director.

SPECIAL NEEDS EARLY CHILDHOOD PROGRAM

Peg Fraher, Early Childhood Program Specialist
City of Boston Public Schools, 26 Court St., Boston, Massachusetts 02108

Since 1974, an average of fourteen three- to five-year-old bilingual children with various special needs are served in this special preschool non-English-speaking program. Children are referred to the program by local hospitals, day care programs, and parents. Children are also identified through an annual Child Find and screening program for three- and four-year-olds which is conducted by the 766 Early Childhood Program. All forms of media (print, radio, television) are used to communicate information about this service citywide to parents and agencies. Flyers printed in seven languages are also distributed to all kindergarten and elementary children to take home.

Staffing includes two certified Teachers of young children with special needs, two Aides, Speech Therapist, Psychologist and volunteers, all of whom are bilingual. The children who are divided into two classes attend a full school day five days a week. Assistance with screening and on-going consultation is provided by the staff of the district's large bilingual program.

Following the initial identification phase, professionals and parents develop a Full Core Evaluation (psychological, educational, medical, social history) to determine the need for services and/or placement. An Individual Educational Plan is then developed for each child eligible for the special program. Quarterly progress reports are prepared for each child and the Individual Educational Plans are reviewed at least yearly to determine placement in regular or special programs.

The child's first language is the primary language of instruction, with English taught as a second language according to the child's proficiency,

All basic skills are developed or strengthened according to each child's Individual Educational Plan. Emphasis is placed on readiness for the educational process, according to the child's language proficiency. Mainstreaming into a regular four-year-old or five-year-old kindergarten program is promoted.

Parents participate through a Parent Advisory Board and assist in the classroom on an individual basis. An on-staff liaison teacher assists parents and agencies, conducts parent group meetings, and assists in securing other family services as needed. Parents are encouraged to carry out specific educational objectives at home in working with their children. Parents have the option to have their children attend a non-English speaking Early Childhood Program or an English speaking Early Childhood Program. Special transportation from home to school and return is provided for each child.

This program is supported by the Boston Public Schools as a part of their Special Education Program. Written reports and follow-up studies have been conducted by the Department of Special Services, Boston Public Schools. An eight week summer camp program is supported by the City of Boston Parks and Recreation Department for the children in addition to the school-year program.

TEXAS MIGRANT COUNCIL HEAD START PROGRAM

John Gonzales, Director, Box 917, Laredo, Texas

More than 1,800 three to five-year-old migrant children, including nearly 200 identified handicapped children were served by the Texas Migrant Council (TMC) during 1978. Enrollment is projected to increase to 3,400 by 1980 with a proportionate increase in the number of handicapped children served. In contrast to other programs which serve a localized area, the TMC includes multiple centers in three home-base areas of Texas: The Valley Area, located in South Texas; The Wintergarten Area, centered around Laredo in Southwest Texas; and the Panhandle Area, centered around the Lubbock area. Enrollment is limited to children of migrant workers and all families are Spanish speaking.

The geographical distance between centers in Texas is extremely great--more than 800 miles from centers in Lubbock to centers in Brownsville. This distance factor creates some unique problems in meeting the needs of the handicapped children in the various centers. A Handicap Coordinator for TMC is based in Laredo and a Handicap Services Specialist located in each area seeks local resources for meeting specialized needs. In each area Vista volunteers with special education training supplement the services of a Speech and Language pathologist who also provides inservice training. However, special services are basically a matter of finding local resources to meet the specialized needs of each child. The types of agencies and services vary greatly and in small towns services are quite limited.

The unique feature of this program is that for four to five months each year, the staff and the centers migrate to other states. However, staff from the TMC centers do not necessarily move to the same location as the children with whom they work during the summer months.

One of the major problems is that of locating services and qualifying children for services in other states. Often families and children have moved to another migrant area by the time arrangements for testing or special services have been made. The migrant workers follow the crops, often changing destinations while en route or staying in an area for only a few days or weeks.

Because the handicapped children are integrated with non-handicapped children, all teachers and assistants are responsible for working with the handicapped. Staff turnover is sometimes as high as 50 percent because of salaries and the four to six months of travel; consequently, staff training is a continuous necessity. Many of the teaching staff are working toward or have completed Child Development Associate training. In addition to training provided by TMC staff, staff training opportunities from other BEH-funded projects such as the Portage Project in Wisconsin and Alternatives for Paraprofessional Training at Southwest Educational Development Laboratory in Austin, Texas, are also utilized, as well as consultant assistance.

Although not a model program in the sense of other programs described, TMC represents one way of helping the handicapped child through drawing upon the resources of other agencies such as the Department of Health, Commission for the Blind, Mental Health and Mental Retardation Centers, the Department of Human Resources, and other community agencies in Texas. Similar agencies in other states provide services during the months TMC is out of Texas. This program also represents a unique approach to serving the needs of a population by molding the program to the target population, rather than suggesting the population be molded into a traditional delivery-of-services approach.

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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Each year over 600 migrant children are received into the Illinois Migrant Head Start Project, an upstream migrant program that provides child development services to children of migratory workers that travel to Illinois to obtain agricultural work. Of this number, nearly 8% have one or more handicapping conditions. The children are served through 12 community agencies under contracts with the Illinois Department of Children and Family Services. At the State level, there is a handicap coordinator responsible for the coordination of services for all migrant handicapped children. At the local (center) level, a handicap specialist is employed to work with the center staff and community resources to provide services to handicapped children. All types of handicapping conditions, ranging from mild to severe problems, are served within the context of the regular migrant program; and nearly all the children are Spanish-speaking.

Of these 12 agencies, only four are open year-round. The others are seasonal centers, receiving children who have migrated from home-bases in Texas, Kentucky and Florida. One major problem is that, although the seasonal centers are open from March through November, the migrant families and their children are not present for the entire time. Depending on the crops and job availability, families may remain in an area for only a few weeks. In some instances, parents leave their handicapped children at home to stay with other family members in their "home-base" during the migrating season. These children may or may not receive services during those months. When handicapped children are identified at the center, a local resource team is mobilized and efforts are made to include bilingual professionals. In some areas of the State, identifying bilingual diagnosticians is a problem.

Each center independently chooses a program or materials to be used for handicapped children. Some materials employed have been devised by the Project Palatisha (Yakima Indian Nation, Box 509, Toppenish, Washington 98948, 509/865-5121), and the Portage Project (Portage, Wisconsin, 1976). At least 75% of staff are bilingual, and instruction is in Spanish and English.

Parent involvement is recognized as a critical element of the child's program. Bilingual parent involvement personnel are employed at the State and local level. Yet, the very nature of the migrant work in this area presents unique problems. Parents work very long hours, and children must remain in the centers from 7:00 a.m. to 6:00 p.m. During peak times, parents often work extra shift hours. Of necessity, work with parents is on an individual basis only with extreme flexibility in home visiting schedules. The handicap services specialist coordinates with State level staff in the areas of health, education, and social services in order to assure a comprehensive plan of action for children served by the program.

Integrating handicapped children with non-handicapped children has been working well, although it does require more effective utilization of staff time. Major problems exist in identifying qualified examiners and providing for continuity of childrens' services as the families move from one location to another.

SUMMARY AND SUGGESTIONS

The development of bilingual programs for the preschool handicapped has required time, effort, patience, and problem-solving. Project directors described a number of similar problems and were most helpful in offering suggestions for others interested in initiating similar programs.

IT TAKES TIME. Hiring staff and developing a cooperative working relationship takes at least a year and sometimes longer. This is particularly true when the staff represents different disciplines such as special education, child development, speech therapy, etc. Learning to talk the same professional language and recognizing how the various disciplines can work together requires openness between staff members and communication. Awareness of and sensitivity to cultural differences between staff members is another critical factor. Allow time for staff to learn to communicate and work together.

COMMUNITY SUPPORT IS IMPORTANT. Identifying children, establishing relationships with other community professionals, and establishing the value of the program requires good public relations as well as time. Contacts with physicians, nurses, social workers, and other agencies must be actively cultivated. A clear understanding of the community culture is also critical. A minimum of one to two years was described as necessary for developing program credibility and good community relations for a beginning program.

PARENTS MUST BE INVOLVED. Parents were repeatedly cited as an essential and critical element of the various programs. Responsibility for the child is often shared with others in the extended family of the Mexican-American, and they must also be included. It is extremely important for project staff to be aware of the social and cultural values of the group with whom they are working. The ability to speak the children's first language or their second language is not enough. Several directors cited the importance of having some staff from the community. Many parents, particularly those who are very poor

and those who have recently immigrated, are often quite fearful of anyone in authority. They communicate more freely with someone from the community.

BE ALERT TO "BURN OUT." Working with young handicapped children, particularly in self-contained classes for the severe and profoundly handicapped, is tiring. Teachers and aides often "burn-out" after two or three years. Moving them into another class with less involved or non-handicapped children for a year or two has been helpful in reducing staff turnover. This was not mentioned as a problem in sites which serve the non-handicapped and handicapped together, however.

RECOGNIZE THE "MOTHER FACTOR." Teachers and aides who are also parents have a background of day-to-day experience which is helpful in working with young handicapped children. They are also more realistic in their expectations of what parents can do at home to help their child. Sometimes there are concerns about male staff members making home visits alone. It is best to have a female staff member along. However, men are effective in working with young children in the classroom. Many children come from fatherless homes so that male-female staffs provide a balance for the children.

LANGUAGE IS A SENSITIVE ISSUE. Several points were identified related to language. First of all, mis-identification of a child as language handicapped because s/he does not speak English does not appear to be a problem in the programs described. Project directors were quite sensitive to this issue, and, as stated previously, children are identified as language handicapped only when they are non-verbal or have problems in their first language.

The Spanish spoken within and between communities often varies. Simply "speaking Spanish" may not be sufficient. Formal training in Spanish may not be adequate for full communication with parents in the local community. Many nuances can be missed by not understanding the variations in Spanish. Several directors cited the importance of having persons from the local Spanish speaking community on staff in addition to others who speak Spanish.

Finally, in several instances parents are not enthusiastic about child-instruction in Spanish, even though they may speak Spanish in the home. Parents perceive schools and centers as places in which the child is to learn English. Bilingual instruction may be seen as holding the child back rather than as a means of developing the child's basic concepts while also learning English. Several directors stated that the parents' desires are followed to the extent with which Spanish language instruction is presented. This is decided on an individual basis rather than a programmatic one.

REVIEW OTHER PROGRAMS. The project directors concurred in the importance of collecting and reviewing all possible information from other programs and adapting materials when possible. Each child, parent, and community has unique characteristics, and materials that work well in one area rarely can be transported completely to a different area. Individualization and local adaptation is usually necessary.

In conducting the survey of model programs several important issues come to light. In some cases programs initially identified were found to be no longer in existence: after an initial period of federal funding, local support was not available, and the program closed. In a sense, this is not too surprising. Parent support and pressure are key factors in obtaining local support. When parents have difficulty communicating and are burdened with their own financial and personal problems, they have little energy left to press for local continuation of a preschool program. Also, parental support for preschool programs is fleeting -- when a parent's child enters the public school system that parent's interest in the preschool program decreases. Parental interest must be continually recruited by the programs.

Finally, the lack of literature on the model preschool programs for bilingual handicapped children points to a very real need for funding to include provisions for reporting on and publishing the findings of the program's successes and failures.

OTHER PROGRAM RESOURCES

Other programs have also contributed information and approaches for working with young bilingual children who are handicapped. Although some of these are no longer operational, the materials developed and their program descriptions can be helpful to others.

The Responsive Environment Program for Spanish American Children (REPSAC) in Clovis, New Mexico, was initiated in the early 1970's as a First Chance project funded by the BEH. However, in New Mexico the public schools do not include programs for preschool handicapped children, and this model program was disbanded at the end of its Outreach year. One of the interesting features of the program was a mobile Learning Resource Center serving children in isolated areas. A catalogue of materials, many of which are Spanish language materials, is available from Ted Olmos, Clovis Municipal Schools, Clovis, New Mexico 88101.

Project LATON (Louisiana, Arkansas, Texas, Oklahoma, New Mexico), designed for parents of handicapped children in Head Start, includes Mexican-American parents. Program materials for parents and parent groups are available in both Spanish and English. For more information on these materials and others, contact Dr. Mary Tom Riley, College of Home Economics, Texas Tech University, Lubbock, Texas 79401.

The Southwest Educational Development Laboratory (SEDL) in Austin, Texas, has also developed products for teachers and parents of preschool bilingual handicapped children which are listed in the reference section of this chapter. Abstracts of these products and project report information is available from Joyce Evans, Southwest Educational Development Laboratory, 211 East 7th Street, Austin, Texas 78701.

During the winter of 1977, the Technical Assistance Development System (TADS) held a conference in San Diego, California, on Practices for Preschool Handicapped Children in Spanish Speaking Communities. Reports from presentors

at this conference are summarized in the book, Early Education in Spanish-Speaking Communities (Trohanis, 1978). Of particular interest are sections dealing with parent involvement and community awareness; there is also an annotated listing of materials for use with young bilingual children. Also developed under a grant from BEH is the document Special Bilingual Education (1978) developed by the University of New Mexico. This document includes some information on the preschool bilingual handicapped child in the bibliography and list of resources.

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